



MANITOWOC COUNTY SHERIFF

Sheriff - Daniel L. Hartwig
Chief Deputy - Brian L. Nack

In Partnership with the Community. Dedicated to Your Safety.

RELEASE OF INFORMATION REQUEST

REQUESTED BY: _____ DATE OF BIRTH ____/____/____
Full Name

Street Address City State Zip Code (____)____-____
(Area) Phone No.

BUSINESS NAME, IF APPLICABLE: _____

EMAIL ADDRESS: _____

If records cannot be emailed please ____ notify me by telephone or ____ mail. A postage fee will be charged.

CHECK ONE: ____ Police Agency ____ Attorney ____ Insurance Company
____ Social Services ____ Citizen ____ Complainant
____ Defendant ____ Other (Explain): _____

DATE OF REQUEST: ____/____/____ TIME: _____ AM / PM

INFORMATION REQUESTED (Be Specific):

Incident / Accident / Photos / Records Check / Citation / Other _____ (circle one)

1) Records Concerning: _____

Last Name First M.I.

2) Date of Birth: ____/____/____ Date(s) of Occurrence(s) _____

3) Other Information: _____

****Email completed form to: recordrequest@manitowocountywi.gov**

(DO NOT WRITE BELOW THIS LINE---FOR OFFICE USE ONLY!!!)

INCIDENT # _____

INFORMATION RELEASED: _____

REASON INFORMATION NOT RELEASED: _____

We are required by state law to inform you that this determination is subject to review by mandamus under S. 19.37 (1) Wisconsin Statutes or upon application to the attorney general or a district attorney.

SUPERVISOR'S SIGNATURE: _____

Revised 05/21

TIME _____ DATE _____